FORM D

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

sinington, D.C. 2054

FORM D NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076

07049741

DATE RECEIVED

Filing Under (Check box(es) that apply): Type of Filing: New Filing Amen	☐ Rule 504 dment	□ Rule 505	☑ Rule 506 ☐ Section 4(6)	ULOE
	A. BASIC IDENT	TIFICATION DAT	ГА	Ec. 1
1. Enter the information requested about t	he issuer			
Name of Issuer (check if this is an amend	ment and name has changed, and indic	cate change.) Main	stream Holdings, LLC	Age.
Address of Executive Offices 580 Village Blvd., Suite 110, W	(Number and Street, City, State, Z /est Palm Beach, FL 33409	ip Code)	Telephone Number (Including (561) 459-1653	V \
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Z	ip Code)	Telephone Number (Including	Area Code)
(ii dilitata ii alii zilaada va aliitaa)			•	
Brief Description of Business Mainstrea Moli.com.	nm Holdings, LLC was formed	l to provide, thr	ough its subsidiaries, its web	osite known as
Brief Description of Business Mainstrea	nm Holdings, LLC was formed	l to provide, thr	ough its subsidiaries, its wet	osite known as
Brief Description of Business Mainstrea Moli.com.	nm Holdings, LLC was formed		ough its subsidiaries, its web	PROCESS
Brief Description of Business Mainstres Moli.com. Type of Business Organization □ corporation		rmed		PROCESSI
Brief Description of Business Mainstrea Moli.com. Type of Business Organization	☐ limited partnership, already for	rmed	☑ other (please specify):	PROCESSI
Brief Description of Business Mainstres Moli.com. Type of Business Organization □ corporation	☐ limited partnership, already for ☐ limited partnership, to be form	rmed	☑ other (please specify): limited liability compa	PROCESSI
Brief Description of Business Mainstres Moli.com. Type of Business Organization corporation business trust	☐ limited partnership, already for ☐ limited partnership, to be form r Organization:	rmed led Month Year	☑ other (please specify): limited liability compa: ☑ Actual □ Es	PROCESSION APR 1 0 2007

8051

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 USC. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

(M2529881;1) SEC 1972 (6-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A BASIGIDENTIFICATION DATA

- Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; and
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers.
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	⊠ Ben	eficial Owner	Ø	Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if in Cotsakos, Christos M.	ndividual)		· · · · · · · · · ·					·	
Business or Residence Address	(Number and Street,	City, State	Zip Code) 58	0 Villa	ge Blvd., Suite 11	0, Wes	t Palm E	Beac	h, FL 33409
Check Box(es) that Apply:	☐ Promoter	⊠ Ben	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if in Pennington Ventures LL	•								
Business or Residence Address	(Number and Street,	City, State	, Zip Code) On	ie S.E.	3 rd Avenue, 28 th	Floor,	Miami, I	TL 3	3131
Check Box(es) that Apply:	☐ Promoter	⊠ Ben	eficial Owner	×	Executive Officer	X	Director	□	General and/or Managing Partner
Full Name (Last name first, if in Cotsakos, Hannah B.	ndividual)			•			·		
Business or Residence Address	(Number and Street,	City, State	Zip Code) 580	0 Villa;	ge Blvd., Suite 11	0, Wes	t Palm B	Beacl	h, FL 33409
Check Box(es) that Apply:	☐ Promoter	⊠ Bene	eficial Owner	Ø	Executive Officer	⊠	Director		General and/or Managing Partner
Full Name (Last name first, if in Cotsakos, Suzanne R.	idividual)								
Business or Residence Address	(Number and Street,	City, State	, Zip Code) 580	0 Villaş	ge Blvd., Suite 11	0, Wes	t Palm B	leacl	h, FL 33409
Check Box(es) that Apply:	☐ Promoter	⊠ Ben	eficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if in Bevilacqua, Thomas	dividual)		,						
Business or Residence Address	(Number and Street,	City, State	Zip Code) 580) Villag	ge Blvd., Suite 11	0, Wes	t Palm B	leacl	n, FL 33409
Check Box(es) that Apply:	☐ Promoter	☐ Bene	ficial Owner	0	Executive Officer	⊠	Director		General and/or Managing Partner
Full Name (Last name first, if in Tubman, Robert	dividual)								
Business or Residence Address	(Number and Street,	City, State,	Zip Code) 580	0 Villag	ge Blvd., Suite 11	0, Wes	t Palm B	leaci	n, FL 33409
Check Box(es) that Apply:	☐ Promoter	⊠ Bene	ficial Owner	×	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if in Knowles, Robert	dividual)			_					
Business or Residence Address	(Number and Street,	City, State,	Zip Code) 580) Villaş	ge Blvd., Suite 11	0, Wes	t Palm B	eacl	ı, FL 33409

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIGIDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, and
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers.
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in Coates, Charles	dividual)			
Business or Residence Address	(Number and Street,	City, State, Zip Code) 580	0 Village Blvd., Suite 110	, West Palm Beach, FL 33409
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in Menzies, Paul	idividual)	·		
Business or Residence Address	(Number and Street,	City, State, Zip Code) 580	Village Blvd., Suite 110	, West Palm Beach, FL 33409
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in Norburn, David	dividual)			
Business or Residence Address	(Number and Street,	City, State, Zip Code) 580	0 Village Blvd., Suite 110	, West Palm Beach, FL 33409
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in Zaleski, Mark	dividual)			
Business or Residence Address	(Number and Street,	City, State, Zip Code) 586	Village Blvd., Suite 110	, West Palm Beach, FL 33409
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in Balint, Judy	dividual)			
Business or Residence Address	Number and Street,	City, State, Zip Code) 580	Village Blvd., Suite 110	, West Palm Beach, FL 33409
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)	;		
Lin, Charles				
Business or Residence Address	Number and Street,	City, State, Zip Code) 580	Village Blvd., Suite 110	, West Palm Beach, FL 33409
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in LeGates, James	dividual)	\$ 10 m 10		
Business or Peridence Address	Number and Street	City State 7in Code) 590	Village Blvd Suite 116	West Palm Reach El 33400

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 Each executive office 					neral and managing pa				equity securities of the issuers.
Each general and ma		•	•	, c, c, c			, paulos	.p	
Check Box(es) that Apply:	☐ Promoter	□ Bèi	neficial Owner	⊠	Executive Officer		Director		General and/or Managing Partner
1 H M									- Table - Tabl
ull Name (Last name first, if in Ewing, David R.	idividual)								
Business or Residence Address	(Number and Street	, City, Sta	te, Zip Code) 58	0 Villa	ge Blvd., Suite 110	, Wes	st Palm B	eac	h, FL 33409
Check Box(es) that Apply:	C Promoter	□ Ber	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if in Pieraci, Laura G.	ndividual)	•							
dusiness or Residence Address	(Number and Street	, City, Sta	te, Zip Code) 58	0 Villa	ge Blvd., Suite 110), We:	st Palm B	eacl	h, FL 33409
Check Box(es) that Apply:	☐ Promoter	□ Ве	neficial Owner	(X)	Executive Officer		Director		General and/or Managing Partner
full Name (Last name first, if in Roupas, Estelle J.	ndividual)				-"				
Business or Residence Address	(Number and Street,	, City, Sta	te, Zip Code) 58	0 Villa	ge Blvd., Suite 110	, Wes	st Palm B	eacl	h, FL 33409
Check Box(es) that Apply:	☐ Promoter	□ Bei	neficial Owner	☒	Executive Officer		Director	0	General and/or Managing Partner
full Name (Last name first, if in Maldaver, Diane	idividual)		+						
Business or Residence Address	(Number and Street,	, City, Sta	te, Zip Code) 580	0 Villaş	ge Blvd., Suite 110	, Wes	st Palm B	eacl	n, FL 33409
Check Box(es) that Apply:	☐ Promoter	□ Ber	neficial Owner	⊠	Executive Officer	0	Director		General and/or Managing Partner
ull Name (Last name first, if in Andrews, Kirk J.	dividual)								
Business or Residence Address	(Number and Street,	City, Star	e, Zip Code) 580	0 Villas	ge Blvd., Suite 110	, Wes	t Palm B	eacl	ı, FL 33409
Check Box(es) that Apply:	☐ Promoter	□ Ber	neficial Owner		Executive Officer		Director		General and/or Managing Partner
full Name (Last name first, if in Murphy, Matthew J.	dividual)								
Business or Residence Address ((Number and Street,	City, Stat	e, Zip Code) 580) Villag	ge Blvd., Suite 110	, Wes	t Palm B	eacl	ı, FL 33409
heck Box(es) that Apply:	☐ Promoter	□ Be	neficial Owner	, 🛭	Executive Officer		Directo	г	General and/or Managing Partner
	dividual)		;			,			
• • • • • • • • • • • • • • • • • • • •									
Full Name (Last name first, if in Lesniak, Joseph Business or Residence Address (Check Box(es) that Apply:	<u> </u>		e, Zip Code) 580 neficial Owner	Villag	ge Blvd., Suite 110 Executive Officer	, Wes			n, FL 33409 ☐ General and/or Managing Partner

2. Enter the information requested for the following:

BUNFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												Yes № ⊠ □
•				Answer	also in Ap	pendix, C	olumn 2, if	filing unde	r ULOE.	•		
2. What i	is the minin	num investr	nent that v	vill be accep	ited from a	ny individ	lual?	`	•••••			\$100,000 (can be waived by issuer)
3. Does t	he offering	permit join	t ownersh	ip of a single	: unit?	**********						Yes No ·····⊠ □
comm If a pe or stat	ission or sir rson to be l es, list the r	nilar remur isted is an a name of the	eration fo ssociated broker or	h person wh r solicitation person or ag dealer. If me e information	of purcha gent of a br ore than fiv	sers in co oker or de /e (5) pers	nnection wi aler registe sons to be li	th sales of s red with the sted are ass	securities in c SEC and/c	the offering or with a sta	te	
	e (Last name e Investme		ividual)									
		•		l Street, City ca Raton, F		Code)						
Name of	Associated E	Broker or De	aler			•			•			
States in V	Which Perso	n Listed Ha	s Solicited	or Intends to	Solicit Pur	chasers						
(Check */	All States" or	check indiv	vidual State	s)				***************************************		***************************************		D All States
[AL]	[AK]	[AZ]	[AR]	[CA] X	[CO]	[CT]	[DE]	[DC]	[FL] X	[GA]	[HI]	[ID]
(IL)	(IN)	[IA]	[KS]	[KY]	[LA] X	-	[MD] X	[MA] X	[MI]	[MN]	[MS]	[MO]
(MT) [RI]	[NE] [SC]	[NV] X [SD]	[HN] [TN]	JNJJ X [TX]	[UT]	[NY] X [VT]	[NC] X [VA]	[WA]	[ОН] [WV]	[OK] [WI]	[OR] [WY]	IPAI X [PR]
Full Name	e (Last name	first, if ind	ividual)						· ·····		···	· · · · · · · · · · · · · · · · · · ·
Business	or Residence	Address (N	lumber and	l Street, City,	State, Zip	Code)						<u> </u>
Name of	Associated F	Broker or De	aler				va					
States in V	Which Perso	n Listed Has	Solicited	or Intends to	Solicit Pun	chasers						· - · · - · · · · · · · · · · · · · · ·
(Check "A	All States" or	check indiv	ridual State	s)								🗆 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[111]	(ID)
[IL]	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	(NE) [SC]	[NV] [SD]	(NH) [TN]	(NJ) [TX]	(NM) (UT)	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	(OR) [WY]	[PA] [PR]
	e (Last name											
Business	or Residence	Address (N	lumber and	Street, City,	State, Zip	Code)						
Name of	Associated E	roker or De	aler			. =						
States in V	Which Perso	n Listed Has	Solicited	or Intends to	Solicit Pure	chasers				· ····		
(Check "A	All States" or	check indiv	ridual State	:s)			***************************************					Ali States
[AL]	{AK}	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[ОН]	{OK}	[OR]	[PA]
[RI] ·	[SC]	[SD]	[TN]	[TX]	{UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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C. OFFERINGPRICE-NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		,
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	
☐ Common ☐ Preferred		
Convertible Securities (including warrants)	s	s
Partnership Interests	\$	\$
Other (Specify) Limited liability company membership interests issued as Class A non-voting common stock	\$ 7,000,000	-
Total	\$ 7,000,000	\$4,026,700
Answer also in Appendix, Column 3, if filing under ULOE.	`	
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	67	\$3,334,500
Non-accredited Investors	32	\$ 692,200
Total (for filings under Rule 504 only)		\$
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505	Security	\$
Regulation A		\$
Rule 504		\$
Total		s
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	-	
Printing and Engraving Costs	_] S
Legal Fees		
Accounting Fees	_	\$ 45,000
Engineering Fees	Ł	S \$ 5,000
	_	·
Sales Commissions (specify finders' fees separately)	-	\$ 36,000
Other Expenses (identify)	_	
Total	······ [2	\$ 86,000

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>3,940,700</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	□ \$	□ \$
Purchase of real estate	□ \$	□\$
Purchase, rental or leasing and installation of machinery and equipment	□\$	⊠ \$ 800,000
Construction or leasing of plant buildings and facilities	□ \$	□ \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$	
Repayment of indebtedness	□ \$	
Working capital		⊠ \$ <u>3,140,700</u>
Other (specify):	_ 🗆 \$	□ \$
	_ _	s
Column Totals	⊠ \$	区 \$
Total Payments Listed (column totals added)	⊠\$;	<u>3,940,700</u>
D.FEDERALSIGNATURE		ñ
The issuer has duly caused this notice to be signed by the underligned duly authorized person. If this not signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited physical pursuant to paragraph (b)(2) of Rule 5	ssion, upon written requ 102.	505, the following uest of its staff, the
Issuer (Print or Type) Mainstream Holdings, LLC	Date March 22, 2007	
Christos Cotsakos Founter, Chairma		.O
Christos Cotsakos Founder, Chairma	n#CE	,O

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E-STATE SIGNATURE
1.	ls any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	suer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned authorized person.
	(Print or Type) Signatur Date March 2, 2007
	ristos Cotsakos Founder, Chairman + CEO

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX				
'A PPENDIX				
APPENDIX				

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1	2		3	. <u> </u>	4)		5 Disqualification		
	Intend t to non-acc investors (Part B-I	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of in amount purch (Part C	ased in State	·	under State ULOE (if yes, attach explanation of waiver granted) (Part E-Itern 1)		
				Number of		Number of				
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
AL										
AK		<u> </u>					<u> </u>			
AZ									,	
AR										
CA	х		LLC membership interests issued as shares of Class A non-voting common stock	15	\$425,000	. 4	\$230,000		X.	
co				·						
ст	x		LLC membership interests issued as shares of Class A non-voting common stock	l	\$50,000				х	
DE				•						
DC					~					
FL	х		LLC membership interests issued as shares of Class A non-voting common stock	15	\$689,500	17	\$366,000		х	
GA	х		LLC membership interests issued as shares of Class A non-voting common stock	1	\$100,000	1	\$10,000		х	
HI		_								
ID		•							,	
IL	х		LLC membership interests issued as shares of Class A non-voting common stock	. 4	\$182,000	2	\$12,000		х	
IN										
ΙA										
KS										
KY										
LA			,,,,,,,							
ME										
MD	х		LLC membership interests issued as shares of Class A non-voting common stock	3	\$143,000				х	

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				APPENDIX					;
!	2		3		4	1		Disqua	5 lification
-	Intend to non-ac		Type of security and aggregate offering price		Type of in	vestor and		(if yes	ate ULOE , attach ation of
	investors (Part B-	in State	offered in state (Part C-Item 1)		amount purch	nased in State -Item 2)		waiver	granted) -ltem 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MA	х	1	LLC membership interests issued as shares of Class A non-voting common stock	4	\$130,000	IUVESIONS	Amount	165	x
MI									
MN	х		LLC membership interests issued as shares of Class A non-voting common stock			1	\$10,000		х
MS								<u> </u>	
МО	х		LLC membership interests issued as shares of Class A non-voting common stock	1	\$100,000				х
MT									
NE									
NV	х		LLC membership interests issued as shares of Class A non-voting common stock	2	\$125,000	1	\$10,000		х
NJ	x	,	LLC membership interests issued as shares of Class A non-voting common stock	7	\$405,000	2	\$24,200		х
NM			,						
NY	х		LLC membership interests issued as shares of Class A non-voting common stock	2	\$125,000	1	\$7,500	!	х
NC	х		LLC membership interests issued as shares of Class A non-voting common stock	2	\$145,000				х
ND									
ОН									
ОК									
OR		 							
PA									
RI	х		LLC membership interests issued as shares of Class A non-voting common stock	1	\$50,000				х
SC	х		LLC membership interests issued as shares of Class A non-voting common stock	1	\$200,000				х
SD									
	1	1	<u>. </u>		l		<u> </u>	L	L

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		*		APPENDIX	3				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqual under St (if yes explan waiver	5 lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
TN		ĺ						•	
TX	х		LLC membership interests issued as shares of Class A non-voting common stock	.3	\$95,000	2	\$17,500		х
UT									х
VT			LLC membership interests issued as shares of Class A non-voting common stock	1	\$20,000				
VA	х		LLC membership interests issued as shares of Class A non-voting common stock	3	\$200,000	1	\$5,000		х
WA								;	
wv									·
WI									
WY				•	-			-	
PR									